



# Indiana Department of Education

Glenda Ritz, NBCT

Indiana Superintendent of Public Instruction

## ECA Date Change Request: 2013-14 Assessments

### Introduction

No public or other educational institution may administer required assessments outside of the published testing dates established by the State Board.

The directions below and the form on the next page apply to schools/corporations wishing to:

- Change their scheduled ECA testing dates within an established testing window.

### Required Documentation / Process

#### **Local**

- If the superintendent (nonpublic/charter/choice principal) supports the request, **the form on page 2 of this document, along with rationale, must be submitted on or before the date indicated below (based on a particular testing window)** to the Office of Student Assessment **via fax at 317-233-2196**:
  - ✓ **Completed** *Assessment Date Change Request* form
  - ✓ **Documentation** supporting rationale for date change request

#### ***Important Notes:***

- **Paper/Pencil** ECA testing windows must be four (4) days in length
- **Online** ECA testing windows must be eight (8) days in length
- Upon receipt of the request form and the rationale documentation, an email will be sent confirming receipt.

Submit an **Assessment Date Change Request Form** for the appropriate testing window (form due date appears after each window). Additional copies of the form must be submitted if more than one request is needed.

Assessment	Form Due
ECA-Fall	November 4, 2013
ECA-Early Winter	(Part 1) December 13, 2013 (Part 2) January 10, 2014
ECA-Late Winter	February 24, 2014
ECA-Spring	May 22, 2014
ECA-Summer	July 18, 2014

#### **IDOE**

- The Director of Student Assessment will ensure review of requests.
- The results of the review will be communicated to schools/corporations approximately two weeks after receipt of the request.



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## ECA Date Change Request Form: 2013-14 Assessments

Select **ONE** testing window and all applicable content areas (form due date appears after each window):

Testing Window	Content Areas	Testing Window	Content Areas
<input type="checkbox"/> ECA-Fall November 4, 2013	<input type="checkbox"/> Alg I <input type="checkbox"/> Eng 10 <input type="checkbox"/> Bio I	<input type="checkbox"/> ECA-Late Winter February 24, 2014	<input type="checkbox"/> Alg I <input type="checkbox"/> Eng 10 <input type="checkbox"/> Bio I
<input type="checkbox"/> ECA-Early Winter <b>PART 1</b> December 13, 2013	<input type="checkbox"/> Alg I <input type="checkbox"/> Eng 10 <input type="checkbox"/> Bio I	<input type="checkbox"/> ECA-Spring May 22, 2014	<input type="checkbox"/> Alg I <input type="checkbox"/> Eng 10 <input type="checkbox"/> Bio I
<input type="checkbox"/> ECA-Early Winter <b>PART 2</b> January 10, 2014	<input type="checkbox"/> Alg I <input type="checkbox"/> Eng 10 <input type="checkbox"/> Bio I	<input type="checkbox"/> ECA-Summer July 18, 2014	<input type="checkbox"/> Alg I <input type="checkbox"/> Eng 10

Additional copies of the form must be submitted **if more than one test window** date change request is needed.

1) Date of Request: \_\_\_\_\_  
 Corporation Name **and** Number: \_\_\_\_\_  
 School Name(s) **and** Number(s): \_\_\_\_\_  
 Corporation Test Coordinator: \_\_\_\_\_  
 Title: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

2)

Content Area	Published/Scheduled Testing Dates	Requested Testing Dates
<input type="checkbox"/> Algebra I		
<input type="checkbox"/> English 10		
<input type="checkbox"/> Biology I		

3) Briefly describe the rationale related to this request (and include documentation via fax):

4) Superintendent or Nonpublic/Charter/Choice School Principal to Complete this Section:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Print Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

**IMPORTANT:** Be sure to include **documentation** supporting the request, along with **this form**, **on or before the date indicated based on the testing window** to the Office of Student Assessment **via fax at 317-233-2196**.

If you have questions, please contact **Linda Potter**, Assessment Support Specialist, by calling 317-232-9050 or via email at [lpotter@doe.in.gov](mailto:lpotter@doe.in.gov).

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### FOR IDOE USE ONLY

\_\_\_\_ Approved \_\_\_\_ Not Approved Date: \_\_\_\_\_ Initials: \_\_\_\_\_

Assessment Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_